### Pregnancy Maintenance Initiative (PMI) SFY19 (7/1/2018 – 6/30/2019) Grant Application

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### PLEASE COMPLETE ALL QUESTIONS BELOW AND SUBMIT BY MARCH 31, 2018

# **Administration and Management**

List your PMI Program staff names, positions and email addresses (Note the staff member who is the Primary Point of Contact):

Summarize your staff management plan to include verification of staff licensure, documentation of mandated training, performance appraisal process and professional development plan.

Describe your process for orienting and training staff new to the PMI program:

Summarize your program evaluation methods to include how you will expand services to meet community needs:

Describe your PMI Advisory Group membership and frequency of meeting:

## **Data and Information**

Describe your program goals, objectives and outcome measures:

How will you measure effectiveness of services, interventions and referral networks?

How will you ensure services provided are those needed by clients?

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Describe your plan for collecting and entering client information into DAISEY (KDHE approved data system), including who will collect the information, how it will be collected and when it will be entered.

If you also enter client data in another system, include the name of the system (Insight, Nightingale Notes, etc):

## **Interventions to Improve Public Health**

Describe services to be provided to pregnant women that will enable them to carry their pregnancies to term. Note the strategies and curriculums used and note whether or not they are evidence-based:

Estimate the total number of clients to be served during the grant period:

Estimate the number of new enrollees to be served during the grant period:

List all counties to be served below:

Describe the adoption services and pregnancy education to be provided as part of the program:

Can you provide assurances that the program will not perform, promote or refer for education in favor of abortion?

### **Communications and Promotions**

How will you promote your Pregnancy Maintenance Initiative (PMI) services to the community?

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What are your planned outreach activities?

# **Partnerships**

Identify your key partners including community-based health, social service providers, and Maternal and Child Health (MCH). Describe how you collaborate to ensure needed services are provided.

When referring for services outside the program, what are the processes for initiating referrals and for follow-up after referral to ensure clients engage in the services?

### ATTACHMENTS TO BE SUBMITTED AS PART OF A COMPLETE APPLICATION:

- #1 Attach proof of Non-Profit Status (501(c)(3)).
- #2 Attach an Agency Organizational Chart that clearly identifies where the PMI section falls within the agency and the staff associated.
- #3 Attach a Client Satisfaction Survey.
- #4 Attach a current DAISEY Terms of Use Agreement signed by your agency for FY 2019 (electronic or handwritten signatures are acceptable).
- #5 Program budget